DENTAL APPLICANT INFORMATION FORM

(Must be submitted typed)

Place photograph here.
It should be about
passport size
(ca. 1" x 1.5").

A. Name _____
Address _____
_____
E-mail Address _____
UNO ID No. _____
Telephone No. _____
Date _____

B. **EDUCATIONAL EXPERIENCE ***

College or Univ. Attended	Dates	No. Hours	Major	Degree

*If you have attended any university that doesn't appear on your UNO transcript, attach a transcript of your record from that school. The committee will not undertake any evaluations until all transcripts are included.

C. Degree being sought at UNO _____
Major Department _____
Expected Date of Graduation _____

D. Application for entering class of _____
Have you previously applied to dental school? Yes _____ No _____
Make sure you list **wschluch@uno,edu**, Dr. Wendy Schluchter as the **email for the submission of your committee lette**r on your ADEA/AADSAS application.

E. **Clinical Experience**: Please list any relevant volunteer, internship, or employment experience that is relevant to the field of dentistry or research.

Experience/Location	Dates	Hours/week

F. **Employment**: If you have been employed during your college study, please provide the following information.

Type of Employment	Dates	Hours/week

G. **Extracurricular**: List other time-consuming obligations and any extracurricular activities which you think committee members should be aware of when processing your application.

_____
_____

H. **The Pre-Dental Committee reviews UNO students who have at least 25 credit hours of science credit completed.** Select at least **two** UNO Science faculty members to write a letter of recommendation to support your application to dental school (three science faculty letters are recommended). These should be faculty members whose courses you have completed, or in which you are currently enrolled. At least two evaluations must be from Biology, Chemistry or Physics. Bear in mind that the assessment of your performance in upper level courses is more meaningful to your application. It is also **strongly recommended** that you obtain a recommendation from someone who can speak to your clinical experience in dentistry. It is better that all recommendations that you are requesting be submitted to the committee using the following process. Recommendation letters should be on official letter head for the recommender's institution. Letters should be emailed **directly** from the recommender to the email addresses listed below (**wschluch@uno.edu, and prehealthcommittee@uno.edu)**. All recommendations submitted will be included in the committee letter file submitted to dental schools. The Pre-Dental committee cannot act on your application until at least two science faculty evaluations have been received. Ideally, your application should be complete by June in the year you are applying. ***You are responsible for making sure that all your evaluations are submitted in a timely manner. Ideally, all letters should be submitted by June 1. The committee will not review any applications not complete by September 30. After this date, a committee letter is not possible.***

Please return or email this completed application to Dr. Wendy Schluchter, wschluch@uno.edu, and Prehealth Committee at prehealthcommittee@uno.edu.

The following individuals have agreed to provide evaluations (please include any **clinical letter-writers** here, too):

Department	Faculty Member/Clinician	Course	Term

I. **Please include an updated resume.**

II. **Please include your personal essay from your ADEA AADSAS application** or address the following questions (one additional page is allowed).

a) What do you feel is your greatest asset as a candidate for admission?

b) Why do you wish to become a dentist?